



**HRMS/PAYROLL**  
STATE OF NORTH DAKOTA  
SFN 13090 (Rev. 03-2003)

Employee Name: Last	First	M.I.
---------------------	-------	------

**WORK LOCATION**

Employee ID Number:	Emp Rod #:	Effective Date:	Eff. Seq #:	Job Indicator: <input type="checkbox"/> Primary Job <input type="checkbox"/> Secondary Job
*Action:				*Reason:
Position Number:	Pos. Entry Date:	Company: ND	Bus. Unit:	Department:
Department Entry Date:	Location:			

**JOB INFORMATION**

Job Code:	Entry Date:	Planned Exit Date:	End Job Automatically? <input type="checkbox"/> Yes <input type="checkbox"/> No (Termination documents required)
Regular/Temporary: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary		Full/Part Time: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

Standard Hours:	FTE:	FLSA Status: <input type="checkbox"/> No FLSA <input type="checkbox"/> Administrator <input type="checkbox"/> Nonexempt <input type="checkbox"/> Executive <input type="checkbox"/> Outside Sale <input type="checkbox"/> Manager <input type="checkbox"/> Professional
Work Period: W		
EEO Class: None	Workday Hours:	

**PAYROLL**

*Pay Group	*Holiday Sch.:	Employee Type: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	*Tax Location Code:
FICA Status: <input type="checkbox"/> Subject <input type="checkbox"/> Medicare Only <input type="checkbox"/> Exempt			

**SALARY PLAN**

Salary Admin. Plan:	Grade:	Grade Entry Date:	Step:	Step Entry Date:
---------------------	--------	-------------------	-------	------------------

**COMPENSATION**

*Compensation Rate Frequency:	*Rate Code:	Seq.:	Comp. Rate:	Currency: USD	Frequency:
-------------------------------	-------------	-------	-------------	---------------	------------

**EMPLOYMENT INFORMATION**

Business Title:	Area Code and Work Telephone Number:	
Probation Date:	Seniority Date:	Service Date:

**EARNINGS DISTRIBUTION**

Earnings Distribution Type:	Earn. Code:	Dist. %:
-----------------------------	-------------	----------

**BENEFITS PROGRAM PARTICIPATION**

Effective Date:	Benefit Program:
-----------------	------------------

Please refer to manual for codes marked\*

WORKER'S COMPENSATION

Workers Comp Code:		Workers Comp Percent:		Workers Comp Code:		Workers Comp Percent:	
--------------------	--	-----------------------	--	--------------------	--	-----------------------	--

ACCOUNT/BUDGET TABLE

Effective Date:																				
Account:				Dept.:				Project/Grant:							Fund:			Class:		
Op. Unit:																Budget Amount:				
Dist. %:				Pay Type Description:																

Account:				Dept.:				Project/Grant:							Fund:			Class:		
Op. Unit:																Budget Amount:				
Dist. %:				Pay Type Description:																

Account:				Dept.:				Project/Grant:							Fund:			Class:		
Op. Unit:																Budget Amount:				
Dist. %:				Pay Type Description:																

Account:				Dept.:				Project/Grant:							Fund:			Class:		
Op. Unit:																Budget Amount:				
Dist. %:				Pay Type Description:																

Account:				Dept.:				Project/Grant:							Fund:			Class:		
Op. Unit:																Budget Amount:				
Dist. %:				Pay Type Description:																

Authorized Signature:																Date:		
-----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-------	--	--